



Project
Hospitality

Project Hospitality Volunteer Application

718-448-1544 (phone)

100 Park Ave Staten Island, NY 10302

718-720-5476 (fax)

Today's Date: ____/____/____

I. PERSONAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____

Email: _____

Date of birth: ____/____/____

II. VOLUNTEERING

1. How did you hear about Project Hospitality?

2. If applying to fulfill a community service requirement for school:

School: _____ Program: _____

Contact person: _____ Telephone Number: _____

Is this for academic credit? ____ Yes ____ No Number of hours needed: _____

3. If applying to complete court-mandated community service:

____ Federal Government ____ New York State ____ New York City

Probation Officer _____ Telephone Number: _____

Hours required: _____ By what date: _____

4. Availability

When will you be able to start? _____

Days and Times you are available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Can you be called to volunteer on short notice? ____ Yes ____ No

5. Volunteer Interests

Please check all of the following areas in which you are interested:

<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Clerical Assistant
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Computer/Data Entry
<input type="checkbox"/> Other Food Service	<input type="checkbox"/> Immigrant Services
<input type="checkbox"/> Special Events	<input type="checkbox"/> People living with HIV/AIDS
<input type="checkbox"/> After School. Program	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Child Care	<input type="checkbox"/> Drop-in Center for Homeless
<input type="checkbox"/> Clothing Pantry	<input type="checkbox"/> Maintenance, Repair
<input type="checkbox"/> Teaching/Instruction	<input type="checkbox"/> Gardening/Landscaping
<input type="checkbox"/> Other:	

6. Volunteer Experience

Please describe your previous volunteer experience(s).

1. Organization: _____ Dates: _____

Job Responsibilities: _____

Supervisor: _____ Telephone Number: _____

Initial here if we may contact the above. _____

III. EDUCATION AND EMPLOYMENT

Are you currently: ___ Employed ___ Retired ___ Between jobs ___ In school ___ Other

Education: ___ High School/GED ___ College ___ Graduate School ___ Technical school

School: _____ Field of Study: _____

Occupation: _____ Industry: _____

Employer: _____ Address: _____

HAVE YOU EVER BEEN EMPLOYED BY PROJECT HOSPITALITY? ___Yes ___No

IV. REFERENCES

Please provide the names of two references. These should be teachers, employers, and other community members, not relatives.

1. Name: _____ Telephone Number: _____

How long and what capacity has this person known you? _____

2. Name: _____ Telephone Number: _____

How long and what capacity has this person known you? _____

Initial here if we may contact the above: _____

V. EMERGENCY CONTACT

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

VI. OTHER INFORMATION

1. What is your primary language? _____ Second language? _____

2. Special Skills: _____

3. Physical Restrictions: _____

4. Goals: Why are you interested in becoming a volunteer at Project Hospitality?

I certify that the above answers are correct to the best of my knowledge. I understand that all application information will be kept confidential and is used solely for assignment purposes.

Sign: _____ Date: _____

Please return completed application to:

Rev E.J. Emerson, Mission Volunteer

Project Hospitality, 100 Park Avenue, Staten Island NY 10302

Tel: (718) 448-1544, ext. 173 • Fax: (718) 720-5476

Email: ej_emerson@projecthospitality.org



Volunteer Confidentiality and Fraternization Pledge

I, _____, am volunteering my time to work at Project Hospitality, Inc. I understand that in the course of my work I may learn certain facts about individuals who are employed by, volunteer for, or are being served by Project Hospitality that are of a highly personal and confidential nature. Examples of such information include, but are not limited to, health status, relations with family members, housing status, sexual orientation, finances, medical condition and treatment, employment status and other personal information. I understand that all such information must be treated with absolute confidentiality as required by Public Health Law 27F; NYS DOH Regulation Part 50-4; Public Officers Law, Article A; and Project Hospitality's policies and procedures. I agree not to disclose any confidential information to any person not affiliated with Project Hospitality and authorized by Project Hospitality to have such information without the written consent of the individual to whom the information pertains.

I also understand that Fraternization with clients is unacceptable. In general, Fraternization is deemed for our purposes as developing any relationships with clients, which interferes with the objective performance of our work. Dating between volunteers and clients is also strictly forbidden. If there is any doubt about a situation for possible fraternization, I will consult the supervisor in the area in which I am volunteering or the Volunteer Services Coordinator immediately.

I understand that any breach of my obligation to strictly adhere to these policies regarding confidential information and fraternization may result in my immediate dismissal as a volunteer for Project Hospitality.

Signature of Volunteer:

Date: ____/____/____